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## FACSIMILE TRANSMITTAL COVER SHEET

DATE: 12/29/05 FILE NUMBER: KCC 4975 (K-C 19,019)  
PTO FACSIMILE NUMBER: (571) 273-8300PLEASE DELIVER THIS FACSIMILE TO: Mail Stop Amendment  
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## CERTIFICATION OF FACSIMILE TRANSMISSION

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Signature DateType of paper transmitted: Amendment AApplicant's Name: David L. Zenker et al.Serial No.: 10/620,227 Examiner: M. MatzekFiling Date: 07/17/03 Art Unit: 1771 Confirmation No.: 8513Application Title: SCRIM REINFORCED ABSORBENT ARTICLE WITH  
REDUCED STIFFNESSIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS  
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

FEE TRANSMITTAL

Application Number 10/620,227  
 Filing Date July 18, 2003  
 Inventor(s) David L. Zenker et al.  
 Examiner Name Matthew D. Matzek  
 Attorney Docket Number KCC 4975 (K-C 19,019)

Art Unit 1771  
 Confirmation No. 8513

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☐ Applicant claims small entity status.

METHOD OF PAYMENT

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FEE CALCULATION


1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES  
 (Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_
2. ☒ EXCESS CLAIM FEES  

Total Claims	- 0	(HP) =	0	x Fee	=	\$ 0.00
Indep Claims	- 3	(HP) =	4	x Fee	=	\$ 800.00
Multiple Dependent Claims Fee						\$ _____
<small>(HP = highest number of claims paid for)</small>						
						Subtotal (2) \$ 800.00
3. ☐ APPLICATION SIZE FEE  

Total Pages	- 100	=	NaN	+ 50	=	0	x \$250 =	\$ 0.00
<small>(Application + Drawings)</small>								
<small>(round up to whole #)</small>								
						Subtotal (3) \$ 0.00		
4. ☒ OTHER FEE(S)
 

<input checked="" type="checkbox"/>	Oral (1) month extension of time
<input type="checkbox"/>	Information disclosure statement
<input type="checkbox"/>	37 CFR 1.17(q) processing fee
<input type="checkbox"/>	Non-English specification
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Subtotal (4) \$ 120.00	

TOTAL AMOUNT OF PAYMENT \$ 920.00

  
 Richard L. Bridge  
 Reg. No. 40,529

12/29/05

Date

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RLB/mlt